

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

TRACY LANE BEATTY,	§	
Plaintiff,	§	
	§	
v.	§	Civil Action No.
	§	4:22-CV-03658
BRYAN COLLIER	§	
Executive Director, Texas	§	
Department of Criminal Justice	§	**CAPITAL CASE**
	§	
BOBBY LUMPKIN,	§	
Director, Texas Department of	§	EXECUTION SCHEDULED FOR
Criminal Justice, Correctional	§	NOVEMBER 9, 2022
Institutions Division,	§	
	§	
DANIEL DICKERSON	§	
Senior Warden, Polunsky Unit	§	
Defendants.	§	

ADVISORY

The Defendants file this advisory to inform the Court that TDCJ issued its response to Beatty's Step 1 grievance. A copy is attached hereto. The undersigned forwarded a copy to counsel for Plaintiff immediately upon receipt.

Respectfully submitted,

KEN PAXTON
Attorney General of Texas

BRENT WEBSTER
First Assistant Attorney General

JOSH RENO
Deputy Attorney General
for Criminal Justice

EDWARD L. MARSHALL
Chief, Criminal Appeals Division

s/ Rachel L. Patton
RACHEL L. PATTON*
Assistant Attorney General
State Bar No. 24039030

*Lead Counsel

P. O. Box 12548, Capitol Station
Austin, Texas 78711
(512) 936-1400
Facsimile No. (512) 936-1280

ATTORNEYS FOR RESPONDENT

CERTIFICATE OF SERVICE

I do hereby certify that November 3, 2022, I electronically filed the forgoing pleading with the Clerk of the Court for the United States District Court, Southern District of Texas, using the electronic case-filing system of the Court. The electronic case-filing system sent a “Notice of Electronic Filing” to the counsel of record, who consented in writing to accept the Notice as service of this document by electronic means.

s/ Rachel L. Patton
RACHEL L. PATTON
Assistant Attorney General



Accept as original
Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2023022381
 Date Received: OCT 24 2022
 Date Due: 12-03-2022
 Grievance Code: 706
 Investigator ID #: I2879
 Extension Date: _____
 Date Retd to Offender: NOV 01 2022

Offender Name: TRACY BEATTY TDCJ # 999484
 Unit: POLUNSKY Housing Assignment: 12-A-2
 Unit where incident occurred: POLUNSKY

EMERGENCY

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Schwartz - Sgt. When? 10/10/22

What was their response? I can't do that without a court order

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I NEED TO BE EVALUATED BY DOCTORS AS PART OF MY LEGAL CASE. I CAN'T TAKE THE TESTS THE DOCTORS NEED TO GIVE ME IF I HAVE HANDCUFFS ON. PLEASE AGREE TO REMOVE MY HANDCUFFS AT THE LEGAL CONTACT VISIT WHEN THE DOCTORS COME. I NEED TO BE ABLE TO TAKE THESE TESTS TO USE THE RESULTS FOR CLEMENCY AND OTHER LEGAL FILINGS AND I CAN'T DO THAT IF I HAVE HANDCUFFS ON.

Action Requested to resolve your Complaint.

PLEASE TAKE OFF MY HANDCUFFS WHEN THE DOCTORS COME TO
EVALUATE ME SO I CAN TAKE THE TESTS.

Offender Signature: [Signature]

Date: 10/20/2022

Grievance Response:

Without a court order, TDCJ does not permit a death row inmate to be unshackled during an in-person contact examination by a medical expert. No further action is required at this time.

Signature Authority: [Signature]

A. Enriques AW

Date: 11/1/22

NOV 01 2022

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____